

# CTI – Performance Year 5: Application and Care Transformation Profiler Reporting Updates

**March 2025**

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# • CTI Program Manager Transition

- **Welcome!**

I'm Kim Dixon, and I'm excited to introduce myself as the new Program Manager for the CTI Program.

- **What's Changing?**

- Jessica Heslop has transitioned to a new department within CRISP and is no longer managing the CTI program.
- To ensure timely responses to your questions or concerns, please email:  
 [care.redesign@crisphealth.org](mailto:care.redesign@crisphealth.org)
- Please do not email Jessica directly — as she's actively focused on her new role, responses may be delayed.

I am looking forward to working together to support your success in the CTI Program!

# • CTI Resources

**CTI Learning System:** <https://www.crisphealth.org/learning-system/cti/>

## **CTI Policy Resources and Documentation:**

- **CTI Introduction Policy Guide** – this document will cover the overarching goals of the program, the program structure and key policy components critical for participation
- **CTI Specification and Methodology** – this document is a comprehensive reference on the methodology and implementation of the program
- **CTI Technical Review** – this document is intended to allow a user to walkthrough the construction of a CTI episode from base claims to reconciliation. A recording of the technical review can be viewed on the learning system.
- *Updated documents will be published to the CTI Learning System on 3/21/2025*

Contact [care.redesign@crisphealth.org](mailto:care.redesign@crisphealth.org) for questions on CTIs.

# • CTI Learning Collaborative

## A Peer-Driven Space for Learning & Sharing

- ◆ **Purpose:** A collaborative environment for hospitals to share successes, challenges, and ideas. Facilitated by CRISP, but content comes directly from hospitals.
- ◆ **Key Features:**
  - **User-Driven Engagement** – More participation from hospitals rather than passive information-sharing.
  - **Best Practice Sharing** – Learn from hospitals excelling in key areas.
  - **Facilitated Discussions** – CRISP will guide but not drive conversations.
  - **Structured Input:**
    - What are your top 3 challenges?
    - What strategies are working well?
- ◆ **Next Steps:**
  - Open discussions & brainstorming sessions.
- **First Session: Friday, May 2, 2025.**
  - Click here to [Join the conversation and help shape the future of CTI!](#)

# Performance Year 5 – CTI Submissions



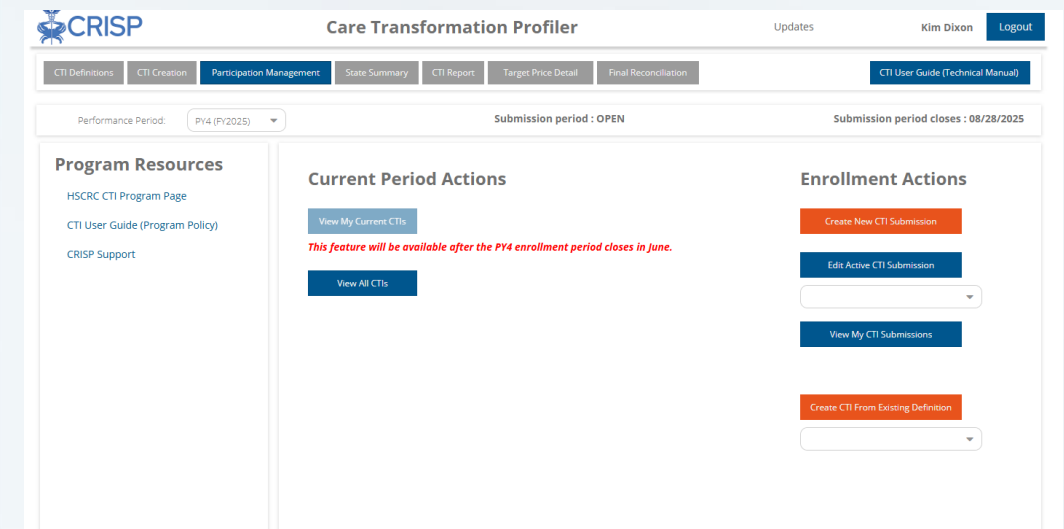
# ● PY5 – Timeline for New/Revised CTIs

- Performance Year 5: July 2025 – June 2026
- Application period for new / revised CTI opens **Monday, March 31, 2025.**
- The application period ends **Friday, May 30th, 2025.**
- Hospitals may add, deactivate or modify existing CTI during this time.
- Hospitals that want to continue an existing CTI without changing the definitions, are not required to resubmit
  - By default, CTIs with no changes and no deactivation notification will rollover to PY5 in their existing definition
- Hospitals that want to deactivate an existing CTI for PY5, you can now do so in the Application Portal.
  - Hospitals cannot disenroll in the middle of a performance period
  - Hospitals will continue to see results for deactivated CTI through the reconciliation period of PY4
- If you have questions or concerns, please reach out to [care.redesign@crisphealth.org](mailto:care.redesign@crisphealth.org)



# Application Process

- All new CTI applications will be made through the Care Transformation Profiler
- Each hospital has designated up to three (3) users to be provisioned as a CTI Submitter. Only those users will have the additional navigation button of "Participation Management"
  - Hospitals should reach out if they need to add or modify these users
  - Hospitals will be able to use the CTP to calculate the number of beneficiaries that are in the baseline prior to submission.
  - Hospitals will also be able to get estimated volumes for each CTI and view the final MSR policy table.



The screenshot shows the CRISP Care Transformation Profiler web application. The header includes the CRISP logo, the title "Care Transformation Profiler", and user information "Updates Kim Dixon Logout". A navigation bar contains tabs: "CTI Definitions", "CTI Creation", "Participation Management" (highlighted), "State Summary", "CTI Report", "Target Price Detail", "Final Reconciliation", and a link to the "CTI User Guide (Technical Manual)". Below the navigation bar, the "Performance Period" is set to "FY4 (FY2025)" and the "Submission period" is "OPEN", with a note that the submission period closes on 08/28/2025. The main content area is divided into three sections: "Program Resources" with links to "HSCRC CTI Program Page", "CTI User Guide (Program Policy)", and "CRISP Support"; "Current Period Actions" with buttons for "View My Current CTIs" and "View All CTIs", and a red warning message "This feature will be available after the FY4 enrollment period closes in June."; and "Enrollment Actions" with buttons for "Create New CTI Submission", "Edit Active CTI Submission", "View My CTI Submissions", and "Create CTI From Existing Definition".

# • Important Considerations During Submission



- Baseline:
  - New CTIs in PY5 and beyond will be limited to using calendar year 2022 or 2023, or FY 2023 or 2024.
  - Any change in the parameters will be considered a new CTI and limited to the above baselines
- Chronic Conditions Flag
  - CTIs using baseline CY22/2023 or FY23/FY2024 baseline year will use Chronic Condition Flag v30
    - All other baselines use CC v27
- APR DRGs
  - PY5 will use v39 APR DRGs
  - All participants should use this version when creating submissions and review/update prior submissions as needed





# Performance Year 5 – CTI Changes



# • PY5 CTI Changes

- No new pre-pandemic baselines
  - Starting in PY5, new CTIs will be limited to using CY 2022 or 2023, or FY 2023 or 2024 as their baseline periods.
  - Old CTIs are grandfathered in – any new change is a change, and the original baseline goes away.
- Offset Change / Stop Gain
  - Stop loss applied during the offset tiered in a way that mirrors the Traditional MPA Scaled Growth Adjustment.
  - Quintiles will be assigned based on CY2026 MPA quintiles. Tiers are below: (currently all hospitals are subject to a 2.5% stop loss):

Hospital Performance vs. Benchmark	Proposed Stop Loss
1st Quintile (-15% to + 1% Relative to Benchmark)	1.250%
2nd Quintile (+1% to +10% Relative to Benchmark)	1.875%
3rd Quintile (+10% to +15% Relative to Benchmark)	2.500%
4th Quintile (+15% to +21% Relative to Benchmark)	3.125%
5th Quintile (+21% to +28% Relative to Benchmark)	3.750%

- PY5 CTI Changes

- Minimum savings rate (MSR) is determined by total episode volume of all CTIs in which participant is active
  - Separately by Setting-specific CTIs and Community-triggered CTIs
- Assessment of HOPD CTIs suggested two potential changes to MSR grouping:
  - Split setting-specific CTIs into two groups
  - Move episodic primary care CTIs into community-triggered group

# PY5 CTI Changes Cont.

Coefficient of Variation Across all Care-setting CTIs

CTI Type	Coefficient of Variation	
PAC Touch	0.86	Group 1
Palliative Care	0.86	
Care Transitions	0.94	
Emergency Care	1.31	Group 2
HOPD	1.39	
Community-Triggered	1.71	Group 3
Episodic Primary Care	1.77	

\* Community-Triggered, in this table, includes both Panel Primary Care and Geographic Community Care

## MSR Regrouping

- Current Groupings
  - **Group 1:** Community- Triggered
  - **Group 2:** PAC Touch, Palliative Care, Care Transitions, Emergency Care, HOPD, Episodic Primary Care
- New Grouping
  - **Group 1:** PAC Touch, Palliative Care, Care Transitions
  - **Group 2:** Emergency Care, HOPD
  - **Group 3:** Panel Primary Care, Episodic Primary Care, and Geographic Community Care
- An option to include death in certain thematic areas

# New Group 1 - Care Setting CTI MSR Counts

Percentage Change	Care Transitions	Palliative	PAC Touch	Straight Average	Proposed N	Original N
1.0	7487	4705	9086	7093	7100	8977
1.5	3327	2091	4038	3152	3150	3991
2.0	1872	1176	2272	1773	1770	2246
2.5	1198	753	1454	1135	1150	1441
3.0	832	523	1010	788	800	1001
3.5	611	384	742	579	600	731
4.0	468	294	568	443	450	561
4.5	370	232	449	350	350	441
5.0	299	188	363	283	280	361
5.5	247	156	300	234	230	301
6.0	208	131	252	197	200	251
6.5	177	111	215	168	170	210
7.0	153	96	185	145	145	181
7.5	133	84	162	126	125	161
8.0	117	74	142	111	110	141
8.5	104	65	126	98	100	126
9.0	92	58	112	87	90	111
9.5	83	52	101	79	80	101
10.0	75	47	91	71	70	91

# New Group 2 - Hospital Outpatient CTI MSR Counts

Percentage Change	Emergency Care	HOPD	Straight Average	Proposed N
1.0	14459	14434	14447	14450
1.5	6426	6415	6421	6425
2.0	3615	3608	3612	3600
2.5	2313	2309	2311	2300
3.0	1607	1604	1606	1600
3.5	1180	1178	1179	1180
4.0	904	902	903	900
4.5	714	713	714	715
5.0	578	577	578	580
5.5	478	477	478	480
6.0	402	401	402	400
6.5	342	342	342	350
7.0	295	295	295	300
7.5	257	257	257	250
8.0	226	226	226	225
8.5	200	200	200	200
9.0	179	178	179	180
9.5	160	160	160	160
10.0	145	144	145	145

# New Group 3 - Community Setting CTI MSR Counts

Percentage Change	Panel Primary Care	Episodic Primary Care	Geographic Community Care	Straight Average	Proposed N	Original N
1.0	24810	37081	28886	30259	30260	19655
1.5	11027	16480	12838	13448	13450	8736
2.0	6202	9270	7221	7564	7550	4916
2.5	3970	5933	4622	4842	4840	3146
3.0	2757	4120	3210	3362	3360	2186
3.5	2025	3027	2358	2470	2470	1606
4.0	1551	2318	1805	1891	1890	1231
4.5	1225	1831	1426	1494	1495	971
5.0	992	1483	1155	1210	1210	791
5.5	820	1226	955	1000	1000	651
6.0	689	1030	802	840	840	551
6.5	587	878	684	716	715	466
7.0	506	757	590	618	620	401
7.5	441	659	514	538	540	351
8.0	388	579	451	473	470	311
8.5	343	513	400	419	420	270
9.0	306	458	357	374	375	246
9.5	275	411	320	335	335	221
10.0	248	371	289	303	300	201

# CTP Demonstration





Thank you!

<https://www.crisphealth.org/learning-system/CTI>



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